

## Global Health Electives Grant Application

### Policy Information

Please note and remember if you are applying for a 1<sup>st</sup> or 2<sup>nd</sup> year Global Health Pre-Clinical Non-Credit Elective (GH NCPRE) or a year 4 Clinical Science Elective (Medicine 5401) in Global Health to be assessed and funded through the Global Health Electives Funding Committee (GHEFC):

Students are encouraged to approach their elective with thoughtful and realistic expectations relating to its outcomes. It is important that the student's clinical duties and level of responsibility are similar to what would be expected of them in Canada, based on their level of training.

1. The GHEFC encourages students to seek meaningful global health learning opportunities that positively impact the student as well as the communities they visit. Students are also expected to share their experience with the Schulich Medicine community upon their return, including participation in at least one poster session. In addition, students may contribute by helping to plan and organize future Pre-Departure training or complete scholarly/reflective writing.
2. The GHEFC will attempt to fund as many students as possible, at least in part, for their elective. Funding requests will be evaluated based on the five criteria listed in the funding section (below) of the application. Funding will be allocated in two rounds – first in March and then again in September, if any funds are still remaining.
3. All students are expected to complete in Pre-Departure Training and register with Western International before embarking on their elective, and must show evidence of their participation/registration to the Office of Global Health prior to departure.

### Funding Eligibility (Please read and make sure your elective qualifies):

The only projects that will be considered by the GHEFC will be initiatives that impact medically underserved populations of the world and / or contribute to the education of the student about medically underserved populations reflecting the global health curriculum at Schulich Medicine and global health body of knowledge.

Please note:

1. Applications can be submitted individually or as a team. For added security, pairing is encouraged whenever feasible. It is important for students to clearly explain on the application how many students are involved and how each will be involved in the project / funding.
2. Global health initiatives need not be outside of Canada, and that an initiative taking place in a foreign country is not sufficient to define it as a global health project.
3. This funding is for medical students only.

There are five criteria, which will be considered:

1. **Planning and preparation:**
  - a. To what extent is the student familiar with the country/community they plan to travel to? What is the student's current cultural, linguistic, political and geographical knowledge about the host site? What level of familiarity does the student have with the healthcare system at the host-site?
  - b. What does the student plan to do on their elective?
  - c. What preparation does the student plan to engage in prior to the elective?
2. **Impact on Global Health:** This category assesses the impact on the community the student will be visiting (or the impact on the global health body of knowledge). It is essential to highlight the medical population the student will be involved with and to describe how this population is considered to be medically underserved. As well, this category will look at the continuity, sustainability and ethics of the project the student will participate in.
3. **Impact on the Student:** This category looks at the impact of the project on the education of the student; the GHEFC considers cultural and experiential learning to be a very important component of medical education. As well, this category will look at the impact of the experience on the student's personal and professional goals
4. **Relevance of Experience to Global Health Curriculum:** This category analyzes the relevance of the chosen global health experiential learning to the Schulich School of Medicine & Dentistry curriculum program, as well as, public and global health topics in the undergraduate medical curriculum.
5. **Overall Impression:** This category will be based on the general feasibility of the project or initiative and will be used to evaluate the proposed value of the initiative in terms of its educational merit, host community benefit and relevance to the global health and/or medical field. This category will also evaluate the student's overall effort and preparation that has been put into (or will be put into) the application and the project itself.

**Grant Requirements:**

Students receiving the grant will be expected to complete the following before funds will be provided to the student:

- a) Student must register and have the GH-NCPRE or year 4 Clinical Science Elective (Medicine 5401) in Global Health approved by the Office of Global Health at Schulich School of Medicine & Dentistry.
- b) Student must complete all registration paperwork and required pre departure preparation meetings (including risk assessment, travel medicine appointment and meetings with the Academic Director-Global Health International Learning).
- c) Student must complete mandatory sessions of Pre-Departure Training before travel including registration with Western International.
- d) Student must hand in either a completion form (GH NCPRE) or assessment form (year 4 Clinical Science Elective [Medicine 5401] in Global Health) filled out by their host supervisor that indicates acceptable performance/participation.
- e) Student must complete all post trip requirements including completing a post return questionnaire and attending a debriefing meeting with the Academic Director-Global Health International Learning.
- f) Student must complete a poster presentation on their respective campus.
- g) Student must submit expense receipts for their funded project that equal or exceed the total funding amount in order to be granted the funds.

Any non-compliance with the above procedures may result in the loss of the grant.

## Global Health Electives Grant Application: Disclaimer

Disclaimer:

*"I certify to the best of my knowledge that the information in my Global Health Elective Grant Application(s) are true and correct and is subject to audit and verification. I understand that if any information is found to be untrue the application may be considered cancelled and any money received as a result of it will have to be returned. I also understand that if granted funding I will receive the funds upon completion of the requested initiative and after producing the required deliverables and poster presentation.*

*I give my permission to have the Office of Global Health at Schulich School of Medicine & Dentistry release my name and biographical data to the donor of any scholarship or grant I receive, or to be used in publications associated with the scholarship or grant."*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I accept the above agreement (please sign): \_\_\_\_\_

Witness Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Global Health Electives Grant Application**

Please indicate which elective you are applying for:

- I am applying for a Global Health Pre-Clinical Non-Credit Elective (Years 1 or 2)
- I am applying for a Clinical Science Elective (Medicine 5401) in Global Health (Year 4)

|   |   |
|---|---|
| Student Name  |   |
| Student ID  |   |
| Year of Graduation  |   |
| Mailing Address   |   |
| Permanent Mailing Address (if different)  |   |
| Current Telephone Number  |   |
| Telephone (other)   |   |
| Schulich Medicine & Dentistry<br>E4L Email  |   |
| Western University Email  |   |
| Financial Need Declaration<br><i>Note: additional funds may be available for a limited number of students who meet UWO financial need criteria. Your consent is required to be considered for financial need, by checking "yes" you are providing your consent.</i> | <p>I would like to be considered for additional funding based on financial need?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |

| <b>Elective Information</b>   |  |
|---|--|
| Elective Site (include name of institution, city and country)   |  |
| Elective Dates  |  |
| Medical Specialty/Type of Experience  |  |
| Preceptor Contact Information   |  |
| Spoken Language at Elective Site  |  |
| Languages You Speak   |  |
| <p><b>a)</b> In 250 words or less, please outline your elective plan including your academic plans, a trip itinerary and logistics (transport, accommodation, etc). If this is a team application, please outline the role of each student.</p> |  |
|   |  |

|   |  |
|---|--|
| <p><b>b)</b> Use the CANMEDs Framework to outline your personal learning objectives and plan to accomplish them.</p> <p>Remember to include any objectives that lie outside of medical knowledge.</p> <p><i>e.g. Physician as a Communicator: "Gain experience interacting with patients whose primary language is other than English: I will work with local interpreters to conduct a medical history")</i></p> |  |
| Physician as a Medical Expert:  |  |
| Physician as a Communicator/Educator:   |  |
| Physician as a Health Advocate:   |  |
| Physician as a Professional/Collaborator:   |  |
| Physician as a Resource Manager:  |  |
| Physician as a Scholar:   |  |
| Other Rotation-Specific Objectives:   |  |
| <p><b>c)</b> Have your objectives been discussed with your host supervisor?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No Anticipated Date of Objectives Approval _____</p>  |  |
| <p><b>d)</b> Has your elective been approved by the host site?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No Anticipated Date of Approval _____</p>  |  |



**MEDICINE & DENTISTRY**

a) In 250 words or less, please discuss your planning and preparation for the elective/initiative as outlined in the planning and preparation section of the above funding criteria.

b) Have you completed the mandatory Pre-Departure training (PDT)?

- Yes
- No

Date completed/plan to complete:

Schulich PDT \_\_\_\_\_

Western International Health/Safety Session \_\_\_\_\_

Western International Cultural Adaptation \_\_\_\_\_

c) In 250 words or less, please discuss how this initiative will impact you (for example, what will you learn? What is the relevance of this learning to your personal and medical education? )



Please fill out the budget template:

|   | Item | Description | Cost |
|---|------|-------------|------|
| 1   |      |             |      |
| 2   |      |             |      |
| 3   |      |             |      |
| 4   |      |             |      |
| 5   |      |             |      |
| <p>Have you received or applied for any additional sources of funding for this elective?<br/>If so, please specify the monetary value in Canadian dollars and the funding source.</p> |      |             |      |
| <p>1. _____<br/>2. _____</p>  |      |             |      |
| Total Elective Expenses   |      |             |      |
| Funding Amount Requested  |      |             |      |
| <p>If you are not granted this funding, how will you fund the elective (i.e., fundraising, line of credit, personal funds)?</p>   |      |             |      |
| <p> </p>  |      |             |      |

**Once completed please fax/email your application to the Office of Global Health.**

**Email: [global.health@schulich.uwo.ca](mailto:global.health@schulich.uwo.ca)**

**Fax: 519-661-3737**